



Spring Women's 18+ Basketball

A non-competitive, drop-in basketball program, just for women. A great way to meet new people and have fun! All skill levels encouraged.



You choose!
7 weeks of play
or a 4 session pass
beginning April 11, 2011
Mondays 7:00pm - 9:00pm
Bauer Drive Community Center - gym

Pass/Course #: 304027
Pass/Course #: 308292

\$49 Resident/\$64 Non-County Resident
\$28 Resident/\$43 Non-County Resident

For further information, contact Pat Sullivan at 240-777-6893 or patrick.sullivan@montgomerycountymd.gov.

Ways to register

- RecWeb online: montgomerycountymd.gov/rec
- Fax: 240-777-6818 (payment by VISA or MasterCard)
- Mail: Registrar, 4010 Randolph Road, Silver Spring, MD 20902

Payment Information

Full payment is due with registration. Non-county residents pay an additional \$15 per participant per activity. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.



Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated. Complete a separate form for each child.

PAYER'S: Last Name _____ First Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Course/Program Name	Course #	Start Date	Fees*
Sample Doe, Jane	7-4-73	Womens' Drop In Basketball	304027	April 11	\$49.00

*If you are a non-resident, include an additional \$15.00 per participant in the fee for each activity.

Total Amount Due: \$

☐ Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. I agree to abide by all department rules and regulations.

Participant or Parent/Guardian Signature _____ Date _____